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Abstract

Background

Protection of the public is a key aspect of pre-registration nursing education and UK Nursing and Midwifery Council monitoring processes. Universities must ensure that nursing students are 'fit to practise' both during their programme and at the point of registration. However, current evidence suggests that institutional fitness to practise policies and processes can be inconsistent, lacking in clarity, and open to legal challenge.

Objectives

To examine fitness to practise processes in pre-registration nursing programmes in Scotland.

Participants

Academic personnel (n = 11) with key roles in fitness to practise processes in nine of the eleven Scottish universities providing pre-registration nursing programmes.

Methods

Semi-structured qualitative interviews were conducted with eleven academics with responsibility for fitness to practise processes in pre-registration programmes. The qualitative data and documentary evidence including institutional policies and processes were thematically analysed.

Findings

In this paper we focus on illuminating the key theme of Stages and Thresholds in Fitness to Practise processes i.e. Pre-fitness to practise, Stage 1, Stage 2, and Appeal, along with two thresholds (between Pre-fitness to practise and Stage 1; between Stage 1 and stage 2).

Conclusions

Diverse fitness to practise processes are currently in place for Scottish pre-registration nursing students. These processes draw on a shared set of principles, but are couched in different terminology, and vary according to their location within different university structures. Nevertheless, universities appear to be confronting broadly similar issues around ensuring fitness to practise and are building a body of expertise in this area. Examples of good practice are identified, and include the use of staged processes and graduated outcomes; the incorporation of teaching about fitness to practise into nursing programmes; positive attitudes around health and disability; and collaborative decision making. Areas of challenge include systems for student support; and consistent, equitable and auditable fitness to practise processes.

Keywords

Fitness to practise, students, education, nursing, professional regulation, qualitative studies.

Understanding pre -registration nursing fitness to practise processes

INTRODUCTION

During the past decade there has been increasing national and international debate about how nursing education programmes protect the public and justify the position of trust occupied by nurses. During this debate, however, relatively little attention has been paid to fitness to practise (FtP) in the context of pre-registration nursing programmes. In the UK, pre-registration nursing students are required to meet Nursing and Midwifery Council (NMC) standards in order to be considered fit to practise at the point of registration. The NMC (2015) define FtP as nurses having “the skills, knowledge, good health and good character to do their job safely and effectively”.

Higher Education Institutes (HEIs) have responsibility for monitoring the FtP of pre-registration students during their programme, and attesting to the *good health* and *good character* of aspiring registrants. Since 2006, the NMC has advised that HEIs should establish processes in order to monitor and respond to any issues regarding the FtP of pre-registration nursing students, but the small amount of existing evidence about how HEIs are achieving this suggests that the quality of such processes can be uneven (Tee and Jowett 2009, Unsworth 2011).

This paper reports on a research study that aimed to examine pre-registration nursing fitness to practise processes and to illuminate examples of good practice developed by the HEIs in a single geopolitical region with a distinctive legislature and education system, whose nursing programmes are regulated by the NMC within the UK, (Haycock-Stuart et al. 2014). Within this paper we report one key theme from the larger study, and we map the data to the *Stages and Thresholds in FtP processes* i.e. Pre FtP, Stage 1 FtP, Stage 2 FtP and Appeal along with two threshold between Pre FtP and Stage 1 then Stage 1 to stage 2.

BACKGROUND LITERATURE

In recent years regulatory guidance for pre-registration nursing students in the UK has highlighted the requirement for students to be fit to practise (NMC 2008). HEIs must monitor students’ good health and good character as part of ensuring FtP, and establish processes for the management of FtP issues (NMC 2010, NMC. 2011). However, in the past ten years only a handful of published empirical studies focus on

FtP pertaining to pre-registration nursing students in the UK. Our focused search of literature published between 2005-2015 and concerning FtP and pre-registration nursing students, retrieved five empirical research papers: Devereux et al. (2012), Holland et al. (2010), and Sin and Fong (2008), Tee and Jowett (2009), Unsworth (2011). A small number of discussion papers were also identified, including David and Lee-Woolf (2010), and Ellis et al. (2011), Sellman (2007). In addition two literature reviews related to FtP and pre-registration nursing were identified: and Boak et al. (2012), Jomeen et al. (2008).

Jomeen et al. (2008) (commissioned by the NMC) conducted a systematic review of the guidance and standards on professional behaviour for students provided by all the UK healthcare regulators. The authors concluded that ‘professionalism’ and associated concepts such as ‘fitness’, ‘competence’, and ‘character’, are complex, and often poorly defined in regulators’ guidance. Jomeen et al. (2008) observed that, like a number of other healthcare regulators, the NMC has chosen to give *only general* guidance on FtP for nursing students, and has devolved responsibility for operationalising FtP to HEIs.

In a second review, commissioned by the Health Professions Council, Boak et al. (2012) critiqued the international literature pertaining to student FtP across a variety of healthcare disciplines. Boak et al.’s (2012) integrative review (including 400 peer reviewed publications and 100 items of grey literature), consisted mainly of non-empirical articles from the UK and US. The authors concluded that “there is a dearth of substantive literature” on FtP and students in the health professions and that existing literature largely focuses on medicine (Boak et al. 2012: 34).

From our literature review we identify two major areas of concern with regard to the management of students’ FtP: a lack of clarity around concepts that underpin FtP; and inadequate FtP processes.

Conceptualising FtP

In the regulatory literature, the construct *fitness to practise* incorporates two key concepts: *good health* and *good character*. These concepts have been briefly defined by the NMC, but their conceptualisation has been problematized in the scholarly and regulatory literatures as lacking clarity (Council for Healthcare Regulatory Excellence 2008, Disability Rights Commission 2007, Sellman 2000, Sin and Fong 2008), and evidence suggests that students do not understand what FtP, good health and good character mean, and lack confidence in their FtP (Devereux et al. 2012, Holland et al. 2010).

The NMC (2010: 8) defines *Good health* as:

“a person must be capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition”

FtP is therefore only compromised by a health condition when the individual is unable to practise without supervision. Where a nurse’s practice is compromised by a health condition, the 1995 Disability Discrimination Act requires employers to make

reasonable adjustments to support the nurse, who may thereby regain their fitness to practise.

While the NMC clearly states that they do not discriminate against individuals on the basis of health, The Disability Rights Commission (2007) (DRC), argues that good health requirements imposed by health and social care regulators stigmatise people with disabilities, making having a health condition into a barrier against entering these professions (and at the same time doing little to protect the public).

Reporting on evidence gathered by DRC's General Formal Investigation on the impact of FtP for disabled nursing students and nurses, Sin and Fong (2008) argue that *good health* as stipulated by the NMC is an ambiguous concept with two fundamental flaws. Firstly, based on a biomedical model of health, diagnosis is assumed to predict risk, an approach which Sin and Fong (2008) argue is inaccurate. Secondly, the impact of a health condition varies according to the context in which an individual works (Sin and Fong 2008). A generic requirement for good health therefore conceals the complexity of making a contextualised judgment about an individual's FtP (Sin and Fong 2008).

Following the DRC's (2007) report, the NMC (2010) have attempted to clarify their approach to good health for nursing students, but framing the disclosure of health conditions in terms of impaired FtP arguably perpetuates a situation in which "disabled people are more likely to be asked 'what's wrong with you?' than 'what can you contribute?'" (DRC 2007: 1), and there is evidence that students experience anxiety and felt stigma around the good health requirement (Devereux et al. 2012).

The second conceptual component of FtP, *good character*, poses similar challenges to good health in that it may be difficult to clearly articulate what constitutes character, and how character should be evaluated. The NMC (2010: 8) defines good character as including "an individual's conduct, behaviour and attitude", and this incorporates conduct in personal life. The notion of good character therefore introduces a normalising dimension to FtP, in that a nurse must essentially be a 'good person'. Pre-registration education becomes a moral endeavour, as well as an intellectual and technical process, and students must demonstrate their ability and intention to act within a particular ethical framework (the NMC Code of Conduct).

In this conceptualisation of character, a nurse's FtP is founded not only on the demonstration of externally visible skills, but also on the individual's internal world. In a discussion paper on good character in nursing, Sellman (2007) argues that the presence of this internal dimension renders the assessment of good character extremely challenging for HEIs, who are faced with the task of evaluating internal, dispositional qualities possessed by their students.

Conceptualisations of character can be further problematized in that they commonly incorporate assumptions about aspects of character as being fixed, and about the existence of a causal connection between character and actions (Sellman 2007). This approach to character neglects the impact of context on behaviour, and also ignores the possibility of change. An alternative approach suggested by the UK Council for

Healthcare Regulatory Excellence (2008: 2)¹, challenges the conceptualisation of character as fixed and abstract. In this understanding *character* is a context-dependent phenomenon: enacted in relation to other people and judged in the context of changing social norms (CHRE, 2008). Furthermore, according to this approach, individuals are seen as having the ability to reflect on and learn from past actions, and are therefore capable of change and development (CHRE, 2008). This is particularly relevant in the educational context, where character should be understood as part of a process of learning and developing as a professional nurse (David and Lee-Woolf 2010).

Understanding good character in the context of FtP is not only a matter of conceptualising character, but is also about the practical question of how good character can be assessed, and the limitations of any such assessment. We may ask do externally visible actions accord with internal traits? And can HEIs positively develop their students' characters? We may also observe that HEIs rely on students' honesty and emotional intelligence in the assessment of their character: "A self-declaration of good character assumes good character as a prior condition" (Sellman 2007: 765).

Good health and *good character* are clearly complex, and their conceptualisation in the context of nursing and other healthcare disciplines has been problematized. As Jomeen et al. (2008) have observed, the non-directive nature of NMC guidance devolves responsibility for the operationalisation of good health and good character to HEIs, mentors, and ultimately to students.

FtP processes

NMC (2010) guidance on HEI FtP processes is also non-directive, with the key recommendation being that students should only be referred to an FtP hearing if there is a public protection issue, and that outside of this other sources of support should be accessed. In contrast, other UK healthcare regulators (e.g. the General Medical Council) provide more detailed guidance on FtP processes.

Evidence about FtP processes developed by HEIs is provided by Unsworth (2011), who used Freedom of Information Act requests to collect data from UK HEIs (arguably limiting the depth of information shared). Unsworth (2011) found that some HEIs had developed specific FtP processes for their nursing students, whilst some relied on general university processes. Where FtP was situated within general academic processes these often only dealt with conduct, not health, and both nursing-specific and general policies often failed to define key concepts such as 'impaired FtP' (Unsworth 2011). Furthermore, Unsworth (2011) argued that policies often failed to provide a rationale for FtP procedures or the imposition of sanctions. These weaknesses rendered decisions open to challenge (especially on technicalities), and could create conflicts of responsibility. For example, a university appeals committee might reinstate a student onto the nursing programme, but as NMC registrants, teaching staff may nevertheless declare that the student is not fit for inclusion on the register (Unsworth 2011).

There is a need for greater knowledge and understanding about FtP processes for pre-registration nursing students. In the UK, regulatory guidance for monitoring of

¹ Now the Professional Standards Authority for Health and Social Care

nursing students' FtP has been relatively recently introduced, and has been subject to amendment and elaboration over the past eight years. HEIs have been tasked with the planning and implementation of processes both to deal with FtP concerns in a robust, timely and ethical manner, and to ensure that students are adequately informed and supported with FtP (David and Lee-Woolf 2010, Ellis et al. 2011). Tee and Jowett's (2009) case study of reforming FtP processes in an HEI, shows that this is not only a matter of developing policy and process, but also creating culture change: educating teaching staff and students about FtP and promoting the positive management of students' FtP. Our study therefore sought to improve understanding of how HEIs are addressing FtP for pre-registration nursing students, what good practice has been developed, and what the current challenges are.

Methods

The research based within the interpretive paradigm aimed to identify FtP processes and procedures in the Scottish HEIs; to examine conceptual and procedural clarity; and identify examples of good practice and challenges. The qualitative approach enables a rich and deeper understanding of contextualised meanings and experiences around FtP. Following ethical approval by the relevant HEIs, all eleven Scottish nursing departments that provide pre-registration nursing education were invited to participate in the study, and academic personnel representing nine of the eleven HEIs were recruited. Qualitative data and documentary evidence were gathered to understand institutional policies, processes, examples of good practice, and challenges. Following written consent, data were gathered through semi-structured interviews with 11 participants, who had key roles in relation to FtP processes in pre-registration programmes in Scotland (see Figure 1 for the interview topic guide). Interview data were transcribed, anonymised for confidentiality then thematically analysed initially by Author 1 and the themes refined with the wider research team (all authors). The analysis was informed and contextualised by information in institutional policy documents. Thematic analysis is commonly used to analyse qualitative data for meanings produced in, and by people, situations, and events (Braun & Clark, 2006; Patton, 2002). This qualitative approach whilst undertaken within one geo-political region allows for transferability of the findings to other contexts, particularly within the UK, but also internationally.

FINDINGS AND DISCUSSION

Major themes emerging from the data included: *Stages and Thresholds of FtP*; *Principles and Concepts Underpinning FtP*; *Knowledge and Understanding of FtP*; *Good Practice*; and *Issues and Challenges* (Haycock-Stuart et al. 2014). In this paper we focus on identifying and mapping the *Stages and Thresholds* in FtP processes emerging from the data and discuss some good practices and challenges identified from the analysis. The stages are mapped in Figure 2. Firstly we indicate the importance of context in shaping different FtP processes.

Contextualising FtP processes

HEIs draw on the same conceptual framework, and address many similar issues among student populations, but the processes through which students are monitored,

assessed and disciplined varied considerably between HEIs. Much of this variation appears to be due to differences in context.

Context includes student population, university structures, and the influence of stakeholders (e.g. professional unions, local health services): Student populations had different demographic and cultural profiles, cohort sizes varied considerably, and some programmes operated across several one campuses. One programme required students to be in part time employment, in another final year students were already on the nursing register. The relationship with other academic disciplinary processes also shaped FtP processes. Some HEIs' FtP processes included other subject areas, whilst some dealt with matters through nursing-specific processes.

HEIs are tasked with implementing nationally determined FtP requirements within varying contexts, whilst responding to each unique FtP case. Consequently, FtP processes vary considerably, but we elucidate from the data some patterns, and clarify the FtP processes emerging in the Scottish HEIs.

Elucidating FtP Stages and Thresholds

In Figure 1 and Table 1 we illustrate a series of four stages and three thresholds to represent processes of FtP governance.

Pre-FtP Stage

Having a Pre-FtP stage highlights the importance of preventative education and support for students, before FtP is impaired.

“we hear that on placement they’re not completely happy with how the student is doing, and we bring the student in and hear about what’s going on at home, and we say ‘well if that’s the case let’s look at counselling, let’s look at X and see what we can put in, and let’s give you a little period of time to get better and see how it is, but actually if you’re not then we really need to look at FtP’ ” (HEI Rep 3)

Interviewees were committed to supporting students to participate in nursing education, and described putting effort and imagination into accommodating the needs of students. There was agreement that students with health conditions should be supported Pre-FtP, only using formal FtP processes if a health condition contributed to impaired FtP:

“[students are referred to FtP] where there’s concerns about the implementation of adjustments, concerns about the safety of the student or others where consent to share recommendations has not been given, and concerns about the ability to practise safely without supervision” (HEI Rep 8)

Making reasonable adjustments where appropriate is a key Pre-FtP strategy, but interviewees argued that there could be some uncertainty about what might be expected of a student while on placement. With minimal guidance from the NMC, this may lead to inequity in the application of health criteria.

Pre-FtP/Stage 1 Threshold

This threshold raises questions around conceptualisation of FtP and the clarity of institutional processes. Interviewees' accounts suggested that crossing this threshold is sometimes straightforward (a clear issue), or might happen after an accumulation of minor problems. There were differences in how the threshold was understood. In some HEIs students who go through academic disciplinary processes also go through FtP processes:

"[a student who] goes to the student disciplinary panel... whether they're found guilty or not guilty, they're still referred to us for us to then make a decision as to whether there's an issue around the student's honesty" (HEI Rep 7)

In contrast, other HEIs use either academic or FtP processes, not both:

"if somebody has been punished in the university academic misconduct process... are we going to do a double whammy and say 'we're going to take you to a fitness to practise panel'?... If it's the first time plagiarising and they've been punished, that wouldn't be an automatic fitness to practise" (HEI Rep 1)

In most HEIs, conduct associated with minor drug errors or plagiarism are not dealt with through FtP processes.

"making an error is not necessarily incompatible with the code, that's just a human failure" (HEI Rep 5)

Deciding if or when a student has crossed the Pre-FtP/Stage 1 threshold is complex, and requires an understanding of various factors. Interviewees argued that it is important that all stakeholders understand what constitutes impairment of FtP, both to prevent inappropriate referrals, and ensure that issues are identified.

Developing FtP Expertise

Even in HEIs with large cohorts, there are very few FtP cases per alum so it can be difficult to develop knowledge and experience around FtP processes. The FtP lead is a key source of expert knowledge about FtP. Interviewees described how they had developed expertise through their work in this role:

"Having dealt with FtP for a number of years, you do build up that level of confidence about how you've dealt with things and how you would deal, and also having consistency in how panels work" (HEI Rep 1)

An 'FtP expert' helps to ensure that processes are robust and provides a resource for other members of staff to discuss potential cases, ensuring that students only cross the Pre-FtP/Stage 1 threshold appropriately, as FtP processes are burdensome for students:

"we don't want to put that student through that stressful process unless we have to" (HEI Rep 10)

At the same time it is imperative that students do cross this threshold when necessary (Figure 1 and Table 1). As Jomeen et al. (2008) and Sellman (2007) argued, FtP governance relies on students' self-awareness and willingness to disclose problems,

but our interviewees identified a degree of student fear and misunderstanding about FtP that seemed to persist despite formal teaching on FtP, and interviewees believed that students may consequently fail to disclose problems:

“They’re frightened... either they’re worried about the consequences, they don’t see the potential importance because they’re inexperienced, some think they only have to report it after a conviction... so they misunderstand” (HEI Rep 6)

Negotiating the Pre-FtP/Stage 1 threshold requires expertise in order to apply FtP policies, but it also relies on students’ understandings of FtP and HEI processes.

Stage 1

Stage 1 has a preventative and supportive function, allowing the HEI to investigate a case and formulate an action plan. This stage has a variety of outcomes for the students (Figure 1 and Table 1). By addressing FtP issues at an early stage, the process can be developmental rather than punitive:

“I want to encourage a learning environment... I always say to the students in [Stage 1 type] meetings ‘I don’t expect perfection, I expect you to learn from what you are doing’. Yes it’s about us keeping some level of control, but it’s also about learning and putting things in place” (HEI Rep 2)

Stage 1 investigations are usually overseen by the FtP lead, but other members of staff are often involved. This includes mentors and personal tutors who are often responsible for raising concerns about a student and providing evidence about a student’s FtP. Interviewees observed that both mentors and academic staff could fail to understand FtP processes:

“[academic] staff definitely understand what fitness to practise is, but staff sometimes struggle with understanding what their role as the investigating officer is” (HEI Rep 1)

“One of the things that really surprises me is how poor many practitioners’ [FtP] reports are, badly written, full of ambiguity and vagueness” (HEI Rep 5).

Interviewees described decision making as a complex process requiring the evaluation of risk and the consideration of mitigating circumstances. The educational context means that HEIs must also take into account the student’s stage of development, although at the same time the seriousness of a case might over-ride this:

“What’s okay with a first year might not be with a third year. Although there is a bottom line, some things are never okay” (HEI Rep 5).

This developmental aspect FtP was key for all interviewees, and the student was clearly positioned as a learner, adding a further nuance to the evaluation of student FtP. The complexity and subjective nature of FtP decision-making means that it is a challenge to ensure that decisions are consistent and equitable. To reduce this risk,

several interviewees emphasised that decision-making is often a collaborative process between at least two members of staff.

Challenges are apparent around supporting the student in both Stages 1 and 2 and we discuss this below.

Stage 1/Stage 2 Threshold

The Stage 1/Stage 2 Threshold marks the point where concerns for public safety are escalated due to “*seriousness, repetition, confusion and disagreement*” (HEI Rep 2). Delineation of this threshold is especially important because a case will normally pass through *Stage 1* before proceeding to *Stage 2* (Figure 1). A very serious or reoccurring case is usually referred straight to *Stage 2* (although one HEI reported that professional unions had challenged this, insisting that cases be first evaluated at Stage 1):

“[a case is Stage 1] if it’s something that we feel that it can be resolved with monitoring, with support. That the student’s showing insight, taking on board what we’re saying, and if we feel that if the issue should happen again there is not that immediate threat to public safety” (HEI Rep 4)

One HEI had developed a risk assessment form to be completed by the FtP committee, in order to help determine the degree of seriousness and make the process more robust:

“We feel [the risk assessment form] helps capture the discussion, and the reasons for the decision” (HEI Rep 8)

A key component of the threshold is to determine if escalation to an FtP committee (Stage 2) is most appropriate to address public safety.

Stage 2

Again context comes in to play and the location of the FtP committee within university structures varies. Some FtP committees only deal with nursing students, while others also preside over other subject areas. In two HEIs the FtP committee could not impose sanctions, and where sanctions were recommended, cases were referred on to a general university committee. Some interviewees felt that this could create a conflict of priorities, but one argued that the involvement of a general committee provided a checking mechanism:

“it’s really good because it provides independence... I think we have an obligation to make it clear why we’re doing what we’re doing. If the central disciplinary committee don’t understand it, will our students understand it? So it’s quite a good acid test... it’s quality control” (HEI Rep 6)

A Stage 2 FtP committee usually makes an in-depth review of evidence and discussion of the case. The student is invited to respond to the evidence presented and the committee and can pose questions. The student leaves the meeting and the

committee reaches a decision. The student is informed of the outcome verbally and in writing. Normally some form of monitoring is established after the hearing.

The composition of FtP committees follows NMC guidelines, including a representative from the same part of the register as the student, but this is not always clearly stated in the FtP policy. Committees can also include nursing and other academic staff (sometimes with legal expertise), and professional representatives. One HEI uses community volunteers as lay members, and one HEI tries to “*get a balance of gender and ethnicity*” (HEI Rep 6). Most HEIs do not include students, but those who do argue that this is important:

“a number of cases are about student behaviour on placement, or they’re talking about student interpersonal interactions. And the student [committee member] can provide the committee with the example ‘well this is how students interact, this is what’s expected of us on placement.’” (HEI Rep 2)

The support of students is important at all stages of FtP governance, but it is particularly crucial during Stage 2, because of the seriousness of Stage 2 cases, the formality of proceedings, and the sanctions which may be imposed at this stage.

Interviewees identified the emotional burden placed on students during Stage 2:

“What we try to do is ultimately support the student as much as possible... because if the student is upset, they’re often not so clear about what they’re trying to say, so it makes sense that we support them as much as possible so that they can convey their situation more clearly” (HEI Rep 10)

Several interviewees commented that students were usually invited to bring a representative or supporter with them to the hearing, but do not always make use of this opportunity.

Students require support throughout the FtP process, and in the HEIs there are sources of support such as a personal academic tutor, student counselling services, and unions. However we identified that there may be a significant conflict of role when HEIs rely on the personal tutor to be the main source of support for a student during FtP processes. While the tutor is the pre-established source of pastoral support, they are also often involved in the FtP process as the person who raises or investigates concerns, or is a witness at the hearing. This may create tensions for the personal tutor and the student.

Conclusion

Through analysis of data about the FtP processes which have developed in the nine Scottish HEIs, we have been able to elucidate similarities and differences in processes across the HEIs. Bringing our findings together we were able to map out the major stages and thresholds which were utilised by the HEIs. These were used differently by the different HEIs, but our ‘map’ highlights the points of progression, where it is essential to justify how and why a student might become involved in a stage of FtP. The staging also highlights the importance of a proportional response to FtP concerns, taking into account the student’s position as a learner.

Our study concurs with previous studies, concluding that both conceptual and procedural clarity may often be lacking in HEI FtP processes. Where processes are unclear, either because the underpinning concepts are not well understood, or because institutional procedures are inadequately mapped out, FtP decision-making becomes open to challenge. The 'map' presented in this paper encapsulates examples of good practice which are present in the Scottish HEIs. However, our study also shows that there are significant challenges for the HEIs. We therefore recommend that HEIs work to improve the clarity and robustness of FtP processes, and create better processes for informing students about FtP. Finally the sharing of good practice between HEIs should be fostered so that there is creation of more consistent, equitable and auditable FtP processes amongst HEIs.

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